

Hawthorne Foundation Inc.



Hawthorne  
Foundation Inc.

Memorandum of Understanding (MOU)  
and Policies and Procedures

Hawthorne Foundation Inc.  
200 Clearbrook Road, Suite 114 • Elmsford, New York 10523  
Program Phone (914) 999-3132 x 5012 • Fax 914-592-5321



## Our Philosophy

### **Our Mission:**

An Applied Behavior Analysis approach to lifelong quality education, habilitative, vocational and recreational programs for individuals with autism and other developmental disabilities.

Using evidence-based education practices to promote independence, integration, individualization and productivity.

### **Our Vision:**

To foster independence, integration, individualization and productivity while enhancing the quality of the lives for the people we serve. Our goal is to enable each and every individual to reach his or her maximum potential in the least restrictive environment by selecting and promoting educational practices that are grounded in research and science – in particular Applied Behavior Analysis – and to assist each and every individual in identifying and realizing his or her own goals.

**Evidence-Based Education Practices to Promote**

**Independence ★ Integration ★ Individualization ★  
Productivity**

# Welcome to HFI Fiscal Intermediary

Dear Families, Employees, and Contractors,

On behalf of Hawthorne Foundation Inc., we would like to welcome you to our Fiscal Intermediary Services. We promote Self-Direction by providing Fiscal Intermediary Services to individuals residing in OPWDD Hudson Valley, Metro and Taconic regions. Self-direction supports empower individuals with developmental disabilities to self-advocate and actualize their dreams. Home and Community Based Service waiver approved individuals who choose Self-Direction can have the freedom and responsibility to create richer and more meaningful lives for themselves.

This MOU/service guide will help you understand Self Direction guidelines, so that we can better serve you and help ensure continuity of service. In order to comply with NYS and Medicaid regulations, all policies and procedures in this handbook must be followed carefully. Please note that if these rules are not followed, we are unable to request reimbursement from NY State and/or Medicaid. Additionally, failure to comply with these policies and procedures may lead to a suspension or termination of your FI supports and services through Hawthorne Foundation Inc.

In order to facilitate the timely submission of documentation and subsequent reimbursement, HFI-FI utilizes an electronic program management system called Mains'I. Information and detailed instructions on how to use this system will be provided to you at the launch, and to your self-hired staff at orientation. In addition, HFI-FI staff, and your support broker, are available to assist you with training on Mains'I at any time. This handbook also provides information about how Mains'I is used to document services for reimbursement. You can also send your Mains'I questions to [HFIFIOutreach@hfadm.org](mailto:HFIFIOutreach@hfadm.org) and they will be addressed in a timely manner. For non-Mains'I questions, please email us at [kwilliams@hfadm.org](mailto:kwilliams@hfadm.org) or call (914) 999-3132 x5012. Please do not hesitate to contact us if you have any questions.

## Contact Information:

Hawthorne Foundation Inc. Fiscal Intermediary Services Team  
Phone (914) 999-3132 ext. 5012 • Fax 914-592-5321  
Email: [kwilliams@hfadm.org](mailto:kwilliams@hfadm.org)



## Memorandum of Understanding for the Provision of Fiscal Intermediary Services (HFI-FI)

I, \_\_\_\_\_ authorize HFI Fiscal Intermediary to provide me with financial management and human resources services. This agreement is based on an approved HFI-FI plan and budget. My signature (or the signature of my representative) confirms that I received and agree to follow the policies and procedures contained in this document.

### Responsibilities of the Financial Management Services Agency (HFI-FI):

- HFI Fiscal Intermediary is the employer of record. You, the HFI-FI Participant, are the supervising and managing employer.
- HFI-HR will provide a copy of the Employee Handbook to your self-hired staff at the time of hire.
- Conduct onboarding of self-hired staff, including necessary clearances, DMV/vehicle insurance compliance, verification of education, with assistance of the circle of support
- Provide mandatory new hire orientation for self-hired staff, which includes face to face training and training through HFI Relias electronic training management system (see attached list of required trainings)
- Provide OPWDD **mandatory** DSP Core Competency trainings to all self-hired staff. This includes face to face and electronic Relias trainings.
- Ensure you complete **mandatory** 90-day and annual core competency evaluations on your self-hired staff.
- Provide guidance in following the appropriate process in the event a self-hired staff resigns or is terminated.
- Review self-hired staff attendance time sheets in Mains'I for Medicaid compliance. When self- hired hours do not meet Medicaid documentation standard, HFI-FI will work with you to correct any and all discrepancies. HFI-FI will ensure all approved hours are paid in a timely manner when they have been entered and approved in accordance with this document.
- Review your HFI-FI Monthly Summary Note(s) to ensure that it is appropriately completed and that the document is signed and dated by you or your designee. We will contact you or your designee to make any corrections required. Corrections must be uploaded to Mains'I within 5 days.
- Process reimbursement payments in a timely manner, after receipt of required documentation in Mains'I, in accordance with the terms set forth in this MOU, and after review/processing of documentation by finance staff.
- Bill the correct government unit after receiving documentation of services during the month in Mains'I. HFI- FI will ensure billing for the correct services, **understanding that billing Medicaid for services that were not rendered is considered Medicaid fraud.**
- Monitor monthly and year to date budget expenditures in Mains'I and provide an expense report to show you exactly how much of your money was spent during a specific month or year to date.
- Payroll Department distributes, as necessary, wage and tax statements, and any other required forms to the appropriate staff. All wage and tax statements are available in ADP workforcenow for staff to access.
- Maintain your ISP/Life Plan and HFI-FI Plans, as well as all additional documentation you provide HFI-FI relating to the supports and services you are receiving.



- Intervene only in any dispute between you and your self-hired staff when both parties are present. (OPWDD may act as an impartial judge when appropriate).

### Responsibilities of the HFI-FI Participant (or their Representative)

I acknowledge that it is my choice to participate in HFI-FI. Should there come a time when I choose not to participate or wish to change my FI, I will notify Hawthorne Foundation Inc. Fiscal Intermediary, my Care Coordinator and DDRO HFI-FI Liaison with a written notice using the HFI-FI Termination of Service Provider form (HFI-FI-12) designed for this purpose.

I agree to the following:

- I will keep you apprised of any changes to my Medicaid status, my address and phone number.
- I will take the initial EVV Training and Refresher Course annually.
- I will contact you as soon as possible if I am not happy with my HFI-FI supports and services being provided.
- I will follow your Agency's policies in regard to hiring, training, paying, evaluating and terminating my staff.
- I will review each of my staff's attendance and daily service record in Mains'I to make sure they are accurate.
- I will ensure that each worker has entered accurate information in Mains'I about the service and supports he/she has provided on the appropriate date.
- If all of the information is correct, I or my designee will approve the attendance and service notes in Mains'I. **All of the documentation for payroll must be approved in Mains'I by 12:00 Midnight every Sunday for the previous week's services.**
- I understand that HFI-FI provides reimbursement for completion of approved services from my self-direction budget and will not pay in advance or lay out any funds for my services.
- I will review all of the bills I get for the supports and services I receive from HFI-FI. I will make sure these bills are for services and supports that are authorized in my HFI-FI Plan. **If the bills are correct, I or my designee will complete the request for reimbursement in Mains'I prior to the 10<sup>th</sup> of the month for services received in the prior month.**
- If I need to correct any invoices or other uploaded documentation in Mains'I, as per a note left on the expense line in Mains'I by the Fiscal Intermediary Department, will make the necessary corrections in Mains'I within 5 days. **Failure to do so will result in not being reimbursed for the expense.**
- My staff or my designee will complete the HFI-FI Monthly Summary Note(s) in Mains'I on or before the last day of the month of service, detailing the HFI-FI supports and services I received during the month and my satisfaction with those services. **The Monthly Summary Note(s) must be completed in Mains'I on or before the last day of the month of service.**
- Self-Hire staff must remain active and working. If staff do not work over 90 days HFI Staff will request termination of that inactive staff to remove them from payroll.

I understand that the completion and submission of my HFI-FI Monthly Summary Note(s) is necessary to ensure the timely and continuing payments of my supports and services, and that failure to do so could result in suspension or termination of my HFI-FI supports and services.

I further understand that failure to comply with any HFI-FI policies and/or procedures in this MOU/Service Guide could result in suspension or termination of my HFI-FI support and services.

I further understand that submitting false information for a service that was not provided is considered Medicaid fraud.



# Fiscal Intermediary Policies and Service Guide

This policy/service guide is intended to help you understand your SD supports. The following are the categories identified in all SD Plans/Budgets and explanations of what is required in order to receive services and/or Medicaid/New York State funding reimbursement through HFI-FI. This guide reflects the current Federal (Centers for Medicare/Medicaid Services) and New York State regulations which are subject to change. We will do our best to share information as it is received.

## REIMBURSEMENTS:

Due to the rigorous Medicaid billing requirements by the New York State Department of Health (DOH), we have a very limited timeframe to review documentation and reimbursement requests, along with processing and submitting billing, which includes invoices, requests for reimbursement, and timesheets and/or billing sheets to the DOH. If we are not able to bill, we are **NOT** able to be reimbursed for any expenses or payroll we have paid out.

- **Due to the limited timeframes, all reimbursements including staff activity fees, mileage, community classes, family reimbursed respite etc. must be completed in Mains'I by the 10<sup>th</sup> of the month following the service month.** For example, if a service(s) is/are rendered in February, your reimbursement requests staff activity fees, mileage, community classes, family reimbursed respite etc. must be entered in Mains'I by March 10th.
- **Self-hired staff must enter all documentation of shifts and services in Mains'I after each shift or no later than 24 hours after each shift.** Staff will not be able to complete any time in Mains'I after 12 Noon, payroll Sunday.
- **Monthly Summary Notes must be completed in Mains'I prior to the last day of the month of service.**
- **Individuals or their representative must approve self-hired staff hours in Mains'I by 12:00 Midnight EVERY SUNDAY for the prior week's hours.** Failure to adhere to this policy will lead to delayed payments to self-hired staff.
- **Invoices/reimbursement requests submitted beyond 30 days of the date of the invoice/service may not be paid.** Corrections must be uploaded to Mains'I within 5 days.
- **Reimbursement checks are mailed twice per month after the 15<sup>th</sup> and last day of service month.**

## BUDGET EXPENDITURES

- **IDGS items are deducted from your budget based on the date paid by HFI.** This rule applies regardless of the annual budget year. For example, if your Self-Direction budget renews 11/01 annually, any IDGS items paid by HFI on or after 11/01 will be deducted from the new budget.
- **OTPS items are deducted from your budget based on the date complete/approvable invoices are received by HFI.** This rule applies regardless of the annual budget year. For example, if your Self-Direction budget renews 11/01 annually, any OTPS items received by HFI on or after 11/01 will be deducted from the new budget.

## HFI FRINGE RATE

- **HFI will be maintaining its current fringe rate of 25% (part-time) and 38% (full-time).** No changes will be implemented to the fringe rate for 2022 year.



## **REIMBURSEMENTS (Continued):**

The reimbursement level set by OPWDD for Respite services does not allow for any Self-Hired Workers providing Respite services to incur overtime. This applies even if the Worker provides a combination of Community Habilitation and Respite services. Workers may not exceed 40 hours within a work week for all hours worked combining all Respite and Community Habilitation hours.

Date Invoices will be Reduced from Budget:

Type of Reimbursement	Date of Budget Reduction
Individual Goods and Services (IDGS)	Date HFI pays the Invoice
Other than Personal Services (OTPS)	Date HFI received the completed/approvable invoice

All Invoices submitted for direct payment or reimbursement must be contemporaneously signed within the month following the date of service and submitted to HFI by the 15<sup>th</sup> of the month following the date of service.

## **ELECTRONIC VISIT VERIFICATION (EVV)**

The use of EVV continues to be a federal requirement for all self-hired Workers. Please remind your Worker(s) to complete their check in and check out at the start and end of each shift, in real time, as they come to work and as they leave work. This requirement is in effect whenever the shift starts and ends, whether it be in the home or in the community.

## **INDIVIDUAL DIRECTED GOODS AND SERVICES (IDGS)**

Individual Directed Goods and Services (IDGS) is an HCBS Waiver Service. IDGS are services, equipment or supplies not otherwise provided through OPWDD's HCBS Waiver or through the Medicaid State Plan that address an identified need in a service plan.

The Services, equipment supplies must:

- Relate to a need or goal identified in your Individualized Service Plan (ISP) or Life Plan.
- Be for the purpose of increasing independence or substituting for human assistance, to the extent the expenditures would otherwise be made for that human assistance.
- Promote opportunities for community living and inclusion.
- Be able to be accommodated without compromising your health or safety.
- Be provided to or directed exclusively for you, the SD Participant.

### Summer Camp:

- Funding may be requested for the cost of summer camp in New York State
- Summer camp is reimbursed for the timeframe beginning on Memorial Day and ending on Labor Day each year.
- Camps can be focused on supporting people with a disability or open to the general public.
- Camp must be directly related to a valued outcome in your ISP/Life Plan.
- A camp must have a permit to Operate a Summer Camp in New York City or New York State issued



by the NYC Department of Health or NYS Department of Health. You must submit a copy of the permit to our office in order for us to pay for the Camp session(s). This is required annually for each Camp session(s). We will not pay for Camp session(s) without this documentation.

Submitting for Reimbursement for a Camp:

- In order to get reimbursed for camp, submit a request for reimbursement in Mains'l along with proof of payment for the camp (invoice, cancelled check, credit card statement, etc) and proof of completion of the camp session. Include a flyer or brochure explaining the camp. HFI-FI will not pay the camp directly and will not send reimbursement without proof of prior payment of camp tuition/fees and proof of attendance.

Community Classes or Publicly Available Coaching or Training:

- Classes must be available to the general public, integrated, in any subject area that relates to your ISP/Life Plan valued outcomes. (Art, Dance, Exercise, Cooking, Computer Training, Etc.)
- Sessions with a private trainer (physical education/exercise) may be covered as long as the service relates to a valued outcome.
- Classes must be related to a habilitation need identified in your person-centered plan and not just for recreational purposes.
- Classes must be non-credit bearing; IDGS funding is for non-matriculated students. The class cannot be working towards a degree.

When signing up for classes, please sign up/pay for only a month of classes at a time. We are required to bill Medicaid/NYS monthly and we cannot lay out monies for services that have not yet been used or paid for.

Community classes can be reimbursed under IDGS as long as the classes result in active engagement and participation in **integrated** community settings. In order for Medicaid to reimburse us for classes, they have to meet very specific criteria. To find out if a class is reimbursable, please submit a flyer about the class to your FI Liaison for Medicaid compliance review. Please do not lay out money for a class and expect to be reimbursed before getting the class **pre-approved** by your FI Liaison who consults with OPWDD SD Liaisons to make the final determination.

Criteria for Community Classes: A Community Class is considered "integrated" **if all these four criteria are met:**

- The setting and class is open to the broader community.
- The setting is not certified by OPWDD.
- The setting results in interactions with other people who **do not** have an intellectual or developmental disability (your SD self-hired staff or staff operating the class are not included in this criteria).
- The class is not being run by OPWDD or provider agency staff who are acting in their official capacities.

In determining if a class meets the standard of being "open to the general public," the following five questions should be asked:

- Is it taught by staff or run by an agency that provides OPWDD services to people with an intellectual/developmental disability? (No)
- Is it located on a campus where OPWDD services are provided? (No)



- Is the class open to the general public? (Yes)
- Does the class/vendor have published fees in a brochure or on their website? (Yes)
- Are people, who are not OPWDD eligible, going to the class (staff and parents do not count) (Yes)

Submitting for Reimbursement for Classes:

- Community classes are reimbursed after completion of a month's worth of classes.
- Complete a request for reimbursement in Mains'I and submit invoice/proof of payment and certificate/proof of completion of class by the 10<sup>th</sup> of the month for the prior month's classes.

Coaching or Education for Parents or Spouses:

IDGS funding is for your parent/spouse/advocate to attend/participate in educational opportunities (not covered by other public programs) which assist you and those close to you achieve goals established in your SD plan. The criteria are as follows:

- You, the SD participant, must be over age 18.
- Reimbursement may include registration and conference fees but does not cover travel or lodging.
- The annual cap in this category is \$500.

Submitting for Reimbursement for Coaching or Education for Parents or Spouses:

- Coaching/Education is reimbursed only after completion of the training.
- Complete a request for reimbursement in Mains'I and submit with an invoice/proof of payment for coaching/Education and a flyer or brochure explaining the training by the 10<sup>th</sup> of the month for the prior month's services.

Clinical Non-Direct Service Provision (Staff Trainers):

Clinical Non-Direct Consultants/Independent Contractors are clinical specialists who are hired for the following purposes:

- To evaluate your community and/or supported employment habilitation plan.
- To train your SD self-hired staff on how to carry out your SD plan.
- To evaluate the effectiveness of your SD self-hired staff in carrying out your SD plan and make recommendations
- Clinical Non-Direct Consultants/Independent Contractors are **not** permitted to provide direct therapy to you, the SD Participant.
- Clinical Non-Direct Consultant/Independent Contractor services **cannot** replicate any service available through a third-party insurer, the Medicaid State Plan, HCBS Waiver Service or school-based IEP services.

Prior to Any Service Delivery:

- Clinicians must provide HFI-FI with a written outline of services to be delivered prior to approval as well as an annual update of progress.
- Clinicians must have a clinical license from the Office of Professions in New York State and provide that information to the HFI-FI Department.

Clinical Direct Service Provision (Direct Therapies): There are only a handful of specialized direct therapies that can be built into a Self-direction Budget. The approved therapies are:



1. Hippo Therapy
2. Therapeutic Riding
3. Aquatic Therapy
4. Art Therapy
5. Massage Therapy
6. Music Therapy
7. Play Therapy

Speech, Physical, and Occupational Therapy and Psychological counseling are **NOT** therapies which can be built into a Self-direction Plan. These types of therapies can be accessed through use of your Medicaid State Plan Benefits card, school-based IEP services, or other primary insurance carriers.

Submitting for Reimbursement for Clinical Direct Therapies:

Besides finding a licensed therapist, there are several requirements needed before the service can be approved and used. See below:

- There must be a prescription written and signed by a medical doctor with the goal of treating a specific medical diagnosis and support a specific valued outcome.
- The licensed and approved therapist needs to:
  - Conduct an initial assessment.
  - Write a summarization of the findings from the assessment.
  - Write up a treatment plan (the plan must be signed by the medical doctor who wrote and signed the prescription).
  - The treatment plan shall acknowledge your personal goals and therapeutic activities including frequency and duration.
  - The treatment plan must also support a specific valued outcome.
  - Ongoing services must be supported by the treatment plan.
  - Write up progress reports reviewed by the medical doctor for approval of continued service.
  - All of the above documentation must be submitted to our office on or before the 10th of the month following the month of service.
  - The clinician must complete an invoice at the end of the month and the invoice must be uploaded to Mains' I by the 10<sup>th</sup> of the month for the previous month's services



Maximum Payments for Clinicians:

Table 3: Clinician & Therapy Payment Capitation Levels	
Area: New York	
Period: May 2017 –Based on 90th Percentile Wages from BLS September 14, 2018	
Occupation (SOC code)	Hourly 90th percentile wage
Social Workers, All Other (211029)	\$41.84
Dietitians and Nutritionists (291031)	\$43.73
Occupational Therapists (291122)	\$61.38
Physical Therapists (291123) **includes Equine, Aquatic Therapy	\$56.92
Recreational Therapists (291125) / Recreational Therapists (291125)	\$36.74/\$34.60
Speech-Language Pathologists (291127)	\$64.30
Therapists All Other (291129)	\$65.88
Registered Nurses (291141)	\$56.48
Nurse Practitioners (291171)	\$77.99
Hearing Aid Specialists (292092)	\$51.74
Occupational Therapy Assistants (312011)	\$38.13
Occupational Therapy Aides (312012)	\$26.94
Physical Therapist Assistants (312021)	\$36.39
Physical Therapist Aides (312022)	\$19.19
Psychologists, All Other (193039)	\$61.17
<p>Footnotes:</p> <p>(1) Annual wages have been calculated by multiplying the hourly mean wage by 2080 hours; where an hourly mean wage is not published the annual wage has been directly calculated from the reported survey data.</p> <p>SOC code: Standard Occupational Classification code -- see <a href="http://www.bls.gov/soc/home.htm">http://www.bls.gov/soc/home.htm</a></p> <p>Data extracted on September 14, 2018</p>	

Payment for the service cannot exceed the rates published under the bureau of labor statistics.



#### Health Clubs/Organizational Memberships/Community Participation

- Funding for a gym, health club or other community organization membership may be included in the SD plan for reasons of health, fitness or community integration in accordance with your valued outcomes.
- The membership is for you, the SD Participant, only and must be in your name; **no family memberships!**
- The club/organization must offer open enrollment to the public and cannot be a private club with a closed membership where membership is available by invitation only.
- Before signing up for a membership we suggest you obtain, in writing, the establishment's policy on bringing a guest or the ability for you to bring your SD self-hired staff, if you so choose.

#### Submitting for Reimbursement for Health Clubs/Organizational Memberships:

- We cannot pay membership dues up front. You or your designee must pay for the membership and submit for reimbursement **on a monthly basis by the 10<sup>th</sup> of the month for the previous month's membership.**
- Complete a reimbursement request in Mains'1 and upload proof of the initial membership contract and how you paid for the month's membership.
- After the first month, you will submit reimbursement request monthly with proof of how you paid for the membership. If you sign up for an annual membership and pay upfront, we can only reimburse you monthly.
- There is an annual cap of \$1,500.00 in this line.

#### Household Related Items and Services:

This is an area under IDGS where certain services or appliances can be reimbursed if you, the SD Participant, live on your own.

- The service or appliance must help you live more independently and/or help ensure your safety. (i.e. a microwave oven for someone who cannot safely use a stove or oven)
- The service or appliance must benefit you and be related to a valued outcome (related to health and safety).
- Household supports include cleaning, minor maintenance, snow removal, lawn mowing etc.

#### Paid Neighbor:

A paid neighbor is a person hired by, you, the SD Participant, who is living on their own.

- This person can be available to you, the SD Participant, in an emergency situation and provide the appropriate "on call" supports.
- This person will complete an application and will be screened through a criminal background check conducted by HFI-FI. Once cleared, this person is paid automatically with a monthly stipend (maximum \$800/month). This person must live within 30 minutes of you, the SD Participant.
- Prior to starting, there must also be a Paid Neighbor Agreement in place signed by you and your paid neighbor. This agreement details the responsibilities of your paid neighbor.
- If the person is called upon to provide direct services with you for an extended period of time, they would be considered a SD self-hired staff and will be required to submit the appropriate timesheet in Mains'1 and get paid an hourly wage.
- A paid neighbor cannot be related to you, the SD participant, by blood or marriage.

#### Self-directed Staffing Support (Program Consultant):

Assists you with hiring and scheduling your SD self-hired staff and assists you with related paperwork (i.e. timesheets, staff evaluations, monthly summary notes, reimbursement requests, etc.).



- This person must be screened through a criminal background check conducted by HFI-FI.
- Payment cannot exceed \$20 per hour.
- This person is paid monthly by filling out an invoice. The invoice must be completed to include all required information and submitted on or before the 10th of the month following the month of service.
- This person **cannot** work for a not-for-profit organization, cannot be someone actively assisting you, the SD Participant, in making decisions and **cannot** be a family member. This person cannot work as an employee such as your SD self-hired staff (Community Habilitation, Job Coach, Job Developer or Respite).

#### Transportation:

Service-related IDGS transportation reimbursement takes several different forms:

- A SD self-hired staff who drives their personal vehicle to a service-related activity or accompanies you, the SD Participant, to a service-related activity using public transportation.
- When you, the SD Participant, drives or was driven in your personal vehicle to a service-related activity.
- Your friend or family member who drives their personal vehicle to an activity directly relating to the IDGS budget line (i.e. class, camp, membership)

#### Reimbursable:

- When you, the SD Participant, are in the car with your SD self-hired staff OR utilize public transportation with your SD self-hired staff to an activity/support/service directly related to a valued outcome/safeguard.
- When you, the SD Participant, are using mileage OR public transportation for a service related activity/support/service directly related to approved IDGS budget line (i.e. community classes, health club membership) and directly related to a valued outcome/safeguard.
- When your friend or family member drives you, the SD participant, to a service related activity/support/service directly related to an approved IDGS budget line (i.e. community classes etc.) and directly related to a valued outcome/safeguard.

#### Not Reimbursable:

- Using transportation like a "taxi service" (i.e. using SD self-hired staff to pick you up and/or drop you off without providing a service). For example: SD self-hired staff drove you to your paid employment position but did not provide on-site job coaching supports to participant.
- Transportation to and from OPWDD funded services which include the cost of transportation within billing. (i.e. day habilitation programs)
- Transportation to and from medical appointments is NOT reimbursable because this duplicates a State Plan of service.
- Transportation to family vacations or family gatherings.
- Any public transportation for your family member or friend accompanying you, the SD Participant.

Please Note: OTPS: Personal Use Transportation may be utilized for mileage that does not meet the IDGS Transportation guidelines.

#### Submitting for Reimbursement for Transportation/Mileage:

- Complete Mileage Reimbursement requests in Mains' I by the 10<sup>th</sup> of the month following the month transportation was provided (i.e. submit September's mileage expenses by October 10th).
- When submitting a mileage reimbursement form, complete it in its entirety and use a separate

- mileage form for each month (i.e. do not send in multiple months on the same form).
- When completing "start address" and "end address" - please enter the address you are leaving from and the address you are going to. You must list each start and end address on each day/date of travel even if it is to and from the same location on multiple days/dates.
- Under purpose of travel write specific places you went and activities performed. i.e. "The Westchester Mall - shopping"
- Under "goal #" write # of the related value outcome for the travel
- Use Google Maps for accurate mileage accounting and submit a print-out of the Google Maps detail. You must upload a copy of the google map detail for each trip (start address/end address) for reimbursement to be issued.
- HFI-FI will compensate applicable mileage according to the IRS transportation reimbursement rate for the current year per mile, when using personal vehicles to provide support to the participant. All mileage reimbursements are subject to IDGS and OTPS guidelines.

#### HFI-FI Driving and Personal Vehicle Use Policy

*(Please sign copy of this policy at end of this document)*

Any person using their personal vehicle for company business must meet the following criteria:

- Satisfy the company driver qualification requirements listed below:
  - be at least 21 years of age;
  - have no more than one driver's license;
  - be licensed to operate the specific vehicle;
  - have an acceptable driving record as defined below.
- Provide a photocopy of the declarations page from the auto insurance policy for the vehicle being used for Individual support that verifies limits of liability of at least \$100,000. Provide a photocopy of the declarations page from your personal auto insurance policy that verifies limits of liability of at least \$100,000/300,000/50,000 are provided. A copy of the driver's insurance card will not be sufficient for this documentation; only a copy of the declarations page will suffice.
- Notify your insurance carrier that the vehicle is being used for work purposes
- Vehicle inspection, insurance and registration must remain current
- The approved vehicle must remain in a safe operating condition at all times while being used on company business.
- The MVR criteria used to disqualify any person as an authorized driver for or on behalf of the company includes any one of the following on or off the job violations occurring within the preceding 36 months:
  - Three (3) or more moving violations.
  - Driving under the influence of drugs or alcohol.
  - Hit and Run Accident.
  - Failure to report an accident.
  - Operating a vehicle under a suspended or revoked license.
  - Homicide, assault or a felony arising from the operation of a motor vehicle.
  - Reckless Driving/Speed Contest/Racing.

Motor Vehicle Record reports will be produced on each driver using their personal vehicle for company business on a regular and routine basis.



Items that **Cannot** Be Funded Through IDGS:

- *Academic Tutoring* - Academic tutoring is **not** funded through the IDGS. This service should be pursued through the school district or college setting. Academic tutoring/homework assistance is not an appropriate task for self-hired staff.
- *Automatic pill dispenser/ medication system* - Available through Assistive Technology
- *Cell Phones/Telephones* - Funding for cell phones is not an allowable IDGS expense. The Safe-Link Wireless program is available to eligible individuals in New York State who receive Supplemental Security Income (SSI). The Safe-Link service in New York State allows for a cell phone and limited free minutes for a person who has a disability and receives social security benefits under SSI. Cell phones can be paid through OTPS.
- *Computer Hardware* - Not allowable in IDGS.
- *Computer Programs/Software* - Computer Software may be available through Assistive Technology.
- *Leased Vehicles* - Leased Vehicles are not an allowable expense under IDGS.
- *Health-Related Services, Equipment and Supplies* - Health related supplies such as food and beverage thickeners, trachea collars, disposable bed pads, wipes, incontinence products, and supplemental medications are funded through the State Plan only; not through IDGS funding.
- *Parents' Activity Fees, Expenses, and Meals* - Activity fees, expenses, and meals incurred by your parents **are not** reimbursed with IDGS funds and must be paid by your parents when they accompany you to an activity including when you are being supported by your SD self-hired staff or engaging in an activity supported in your SD Plan/Budget.
- *SD Participants' Activity Fees, Expenses, and Meals* - Activity fees, expenses, and meals incurred by you **are not** reimbursed with IDGS funds and must be paid by you or your family.
- *Personal Monitoring Systems* - Available through State Plan.
- *Staff Activity Fees, Expenses, and Meals* - Activity fees, expenses, and meals incurred by your SD self-hired staff **are not** reimbursed with IDGS funds but may be funded through OTPS.
- *Direct Clinician service delivery and Therapies: Physical Therapy, Occupational Therapy, Speech Therapy, Psychology (Medicaid state funded)* - On-going therapies that are provided directly to you are funded through your State Plan Medicaid Card or, if you are school-aged, through the local school district, and are **not** funded under IDGS.
- *Experimental Therapies* - Experimental therapies **are not** reimbursable in any clinical category within IDGS and are not a permitted expense in the OTPS payment category.

Live-In Caregiver (LIC):

- Live-In Caregiver (LIC) is an HCBS Waiver Service that allows you, the SD Participant, to utilize a person that is not related to you to reside in the same household and provide support to address physical, social or emotional needs so you can live safely and successfully in your own home.
- In exchange for supporting you, the LIC's portion of the rent, food, and utilities will be reimbursed.
- We are not permitted to reimburse the LIC directly.
- If the LIC provides a habilitation service (not outlined in the LIC Agreement), the LIC must complete a timesheet in Mains' I to be paid for their hourly work.
- The LIC cannot be related to you, the SD Participant, by blood or marriage to any degree.
- HFI-FI must have an agreement stating specific services and responsibilities of the LIC. It must be signed by you, the SD participant, the LIC and HFI-FI prior to implementation.
- The LIC must complete an application and complete a criminal background check as required by OPWDD regulations.

Submitting for Reimbursement for Live-In Caregiver:

- You, the SD Participant, must submit for reimbursement by the 10<sup>th</sup> of the month following the service month. To submit for reimbursement, please upload itemized receipts and bills with a reimbursement request in Mains'l. We will reimburse you, the SD participant, for money you laid-out for the LIC's food, utilities and rent.

**OTHER THAN PERSONAL SERVICES (OTPS):**

Other Than Personal Services (OTPS) are services utilizing 100% state funds to help pay for items that are not funded through Medicaid. **The maximum in this category is \$3,000.** Goods and services purchased with OTPS funds must relate to a valued outcome in your ISP/Life Plan and increase independence or the ability to live safely in your home.

The OTPS section of the budget is limited to the following categories of supports:

- Phone service – cell and/or land line.
- Internet (in instances where you have a cable package, OTPS can be used for phone and internet only, but not the cable portion)
- Software related to your disability.
- Staff Activity fees to cover meals, ticket admissions, transportation or other costs incurred by your SD self-hired staff when providing support to you related to a valued outcome.
- Staff advertising/recruitment costs
- Staff Training.
- Personal Use Transportation.
- Board Stipend (must first request and be denied for food stamps)
- Utilities
- Other goods and services that increase independence.
- Other goods and services related to health and safety.

Items **Excluded** from OTPS:

- Medical visit co-pays
- Any expenses related to hospitalization or nursing home stays (including staff or respite supports or family expenses)
- Expenses related to or that support the purchase of Medicaid services, such as therapies or other waiver services
- Any illegal item or activity
- Cable television
- Common household supplies (e.g., paper towels, wipes, soap)
- Therapies that are experimental in nature
- Repairs, like a broken step or railing, as they should be covered under the lease or are the responsibility of the homeowner
- A SD Participant's (your) activity fees or related supplies for an activity or community class, even if funded through Individual Directed Goods and Services
- Rental cars
- OTPS cannot be used to apply against housing costs in excess of housing subsidies. If your rent is in excess of the allowable housing subsidy, this will have to be paid with your own resources



or your family's resources.

#### Staff Activity Fees (For your Self-Hired Staff):

The main purpose of staff activity fees is to reimburse self-hired staff for admission fees to recreational places in the community you choose to attend and that relates to a valued outcome (admission to a sporting event, concert, movies, bowling, museum, etc.).

- State funds should not be used for meal reimbursement unless there is a valued outcome in the habilitation plan and ISP/Life Plan pertaining to skills needed when dining out.
- As for meal reimbursement, we recommend not to exceed the allowed meal reimbursement levels as per the Internal Revenue Service (IRS) which is \$17 for breakfast, \$15 for lunch and \$22 for dinner. Food drastically depletes the staff activity fee line and we recommend SD self-hired staff bring their own meals while supporting you.

#### Submitting for Reimbursement for Staff Activity Fees:

- Must be completed electronically in Mains'1 with uploaded itemized receipts by the 10<sup>th</sup> of the month following the service month.
- We are unable to reimburse for tax and tip.
- Under activity on the reimbursement request, a goal-related activity should be referenced-i.e. "supported at Met's baseball game."

#### Family Reimbursed Respite (FRR):

- Family Reimbursed Respite is a way for your family to pay a person whom they trust to supervise you, pay them directly, and get reimbursed through your SD Budget.
- FRR is paid for with 100% State funds and is capped at \$3,000 annually.
- You designate the rate of pay per hour.
- Neither a parent nor anyone living in the same home as you be paid to provide FRR through your SD Plan.
- Your SD self-hired staff who work with you can provide FRR.

#### Submitting for Reimbursement for Family Reimbursed Respite (FRR):

- Complete a FRR request for reimbursement in its entirety.
- Identify the name, address and phone number of the person providing the FRR.
- Provide proof that respite payment was made to the worker (copy of cancelled check)
- Upload the FRR request for reimbursement to Mains'1 by the 10th of the month following the month of service.

#### Housing Subsidy:

If you, the SD Participant, choose to live independently or share a living environment and have tenancy rights you may be able to include a housing subsidy in your budget funded with 100% state funds. The amount you receive for a housing subsidy is calculated based on your income and depends on the Housing and Community Renewal (HCR) payment standards.

Criteria for a person who has an SD Plan/Budget and chooses to apply for and access a housing subsidy is as follows:

- Must be at least 18 years of age.
- Must have their name on the lease and send lease to HFI-FI.

- Must contribute 30% of their own income towards their rent.
- Must rent a **legal** apartment. (2 forms of egress out of the home (separate entrance), operating kitchen, operating bathroom, must be above ground, must meet all town/County/city codes)- We need proof (Certificate of Occupancy/Rental Permit etc.)
- Must submit a W9 to HFI-FI from the landlord you are renting from, if you pay landlord directly.
- If you, the SD Participant, wish to live in an apartment that costs more than the awarded housing subsidy, you, the SD Participant, are responsible to pay the difference. A housing subsidy paid through Self-direction can't be used toward living expenses when living in a certified adult home.

#### Important reminders About Using a Housing Subsidy:

- If you receive a housing subsidy you **CANNOT** receive Family Reimbursed Respite (FRR).
- In order for HFI-FI to pay for rent for an apartment, we need to have an official lease on file.
- HFI-FI cannot pay for application fees or additional security deposits.
- When locating an apartment, it is important that you, the SD Participant, designee, family and your Broker are in contact with HFI-FI to make us aware of the move.

#### Paying Rent to a Family Member:

Your family member may own the property you choose to rent. However, you or your designee must make OPWDD aware of this while your Self-direction Plan is in the process of being written by your Broker or amended by your Broker, in order to add a housing subsidy. The family member that owns the property **will not** receive the full amount of the housing subsidy in your self-direction budget because the maximum amount to be paid to the landlord would have to be the lower of:

1. The payment standard.
2. Asking rent.
3. Your family member's actualized costs (taxes + utility bills/number of bedrooms)
4. Mortgage payments **do not** count towards actualized costs. OPWDD will need proof of actualized costs when the plan is initially sent to OPWDD for approval.
5. If the home is in trust for you or in a third-party trust, the subsidy can default to the standards. Proof of the trust will need to be provided.

#### Submitting for Reimbursement for Housing Subsidy:

- You need to tell HFI whether the rent should be paid to you or to the landlord directly. If the rent is paid to you or your designee, and you are going to pay the landlord using this money, then you must send HFI a copy of the cancelled check that you wrote to the landlord as proof that you paid the rent.
- A copy of this cancelled check must be uploaded to Mains' I by the 10<sup>th</sup> of the month for the previous month's rent.

#### Transition Stipend

You, the SD Participant, may request a one-time transition stipend of up to \$3,000 in your SD Budget when **moving out** of your family's home or a certified residential setting to an independent housing situation (living on your own).

Transition stipend funds are used to pay for:

- Furniture.
- Moving expenses.
- Household articles.



- Transition Stipend funds cannot be used for personal or expendable items. (i.e. toilet paper, hair brushes, toothbrushes, paper towels, etc.).

Submitting for Reimbursement for Transition Stipend:

- Please collect your itemized receipts and complete an expense report on Mains'l.
- The budget category on the expense report is "transition stipend."
- Please list items purchased in the activity columns.
- Upload proof of how you paid for the items (receipts).
- You have one year from the initial lease date to spend the transition stipend fund.

## Driving and Personal Vehicle Use Policy Fiscal Intermediary Services (HFI – FI)

### Policy Statement: Personal Vehicle Use for Company Business

Any person, using their personal vehicle for company business must meet the following criteria:

- Satisfy the company driver qualification requirements listed below:
  - a) be at least 21 years of age;
  - b) have no more than one driver's license;
  - c) be licensed to operate the specific vehicle;
  - d) have an acceptable driving record as defined below.
- Provide a photocopy of the declarations page from the auto insurance policy for the vehicle being used for Individual support that verifies limits of liability of at least \$100,000. Provide a photocopy of the declarations page from your personal auto insurance policy that verifies limits of liability of at least \$100,000/300,000/50,000 are provided. A copy of the driver's insurance card will not be sufficient for this documentation; only a copy of the declarations page will suffice.
- Notify your insurance carrier that the vehicle is being used for work purposes
- Vehicle inspection, insurance and registration must remain current
- The approved vehicle must remain in a safe operating condition at all times while being used on company business.
- The MVR criteria used to disqualify any person as an authorized driver for or on behalf of the company includes any one of the following on or off the job violations occurring within the preceding 36 months:
  - a) Three (3) or more moving violations.
  - b) Driving under the influence of drugs or alcohol.
  - c) Hit and Run Accident.
  - d) Failure to report an accident.
  - E) Operating a vehicle under a suspended or revoked license.
  - f) Homicide, assault or a felony arising from the operation of a motor vehicle.
  - g) Reckless Driving/Speed Contest/Racing.

Motor Vehicle Record reports will be produced on each driver using their personal vehicle for company business on a regular and routine basis.

### Acknowledgement and Consent Agreement

I have read or had this personal vehicle use policy read to me. I have had the opportunity to ask questions and fully understand the meaning and intent of this policy. Additionally, I understand I should contact HFI-FI with any further or future questions regarding the personal vehicle use policy and the vehicle's safe operating condition. By signing below, I acknowledge having receipt of this policy and consent to agree to abide by the contents.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

Date \_\_\_\_\_





Hawthorne Foundation Inc.  
Training Department  
Telephone: (914) 592-8526 x3111  
Fax: (914) 592-5321  
Email: [juliesam@hfadm.org](mailto:juliesam@hfadm.org)

Self-Hired Com Hab New Hire Orientation Courses

Checklist Web address: [hfi.training.reliaslearning.com](http://hfi.training.reliaslearning.com)

Name (please print): \_\_\_\_\_

Date Courses Started: \_\_\_\_\_

#### Online Training

Course	Completed?
<b>NHO- Self Hired Community Habilitation</b>	
1. Abuse and Neglect of Individuals with I/DD*	
2. Choking *	
3. DSP Core Competencies *	
4. Electronic Security: HIPAA	
5. Fire Safety *	
6. Health Issue Awareness *	
7. HIPAA and HIPAA: HFI Handbook *	
8. Incident Management and Reporting *	
9. Mains'l Employee Timesheet and EVV Tutorial *	
10. PRAISE w Code of Conduct – Justice Center *	
11. Sexual Harassment- NY Mandatory Training	
12. Understanding Blood Borne Pathogens *	
13. Workplace Harassment	

TOTAL HOURS: 11 **NOTE:** To be paid for online training, you must **submit an Exception Time Sheet** form with dates and times you have taken training, weekly.

#### Live Training

Course	Completed?
1. Corporate Compliance	
2. HR Benefits and Policies	
3. Self-Direction Policies and Procedures	

By signing below, I acknowledge that I may only be compensated for up to 11 hours of time spent on online training.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*= will require annual training



Hawthorne Foundation Inc.  
Training Department  
Telephone: (914) 592-8526 x3111  
Fax: (914) 592-5321  
Email: [Juliesam@hfadm.org](mailto:Juliesam@hfadm.org)

OPWDD Respite Relias Courses Checklist:

Web address: [hfi.training.reliaslearning.com](http://hfi.training.reliaslearning.com)

Name (please print): \_\_\_\_\_

Date Courses Started: \_\_\_\_\_

Course: NHO	Completed?
1. Abuse and Neglect of Individuals with I/DD*	
2. Blood Borne Pathogens *	
3. Code of Conduct Justice Center *	
4. Defensive Driving	
5. DSP Core Competencies—Orientation *	
6. Fire Safety *	
7. Harassment in the Workplace	
8. Health Issue Awareness *	
9. HIPAA and HFI Handbook *	
10. Human Growth and Development	
11. Incident Management and Reporting *	
12. Introduction to Autism	
13. Mains' Employee Time Sheet and EVV Tutorial *	
14. OPWDD Prevention of Choking and Aspiration*	
15. PRAISE *	
16. Respecting Cultural Diversity in Person with IDD	
17. Rights and Responsibilities	
18. Sexual Harassment- NY Mandatory Training	
19. Understanding Problem Behavior	
20. Working and Communicating with Families	

**NOTE:** To be paid for online training, you must **submit an Exception Time Sheet** form with dates and times you have taken training, including breaks .

Live Training

Course	Completed?
1. Corporate Compliance (1.5)*	

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*= will require annual training



# Acknowledgement

The HFI-FI participant and DDRO HFI-FI Liaison have read and agreed to the responsibilities outlined in the MOU/Policy Guide. In addition, the HFI-FI participant and DDRO HFI-FI Liaison have read and agreed to meet with the Circle of Support to resolve any issues that may arise. Failure to comply with the responsibilities may result in termination of this agreement and all HFI-FI Supports and Services.

\_\_\_\_\_  
Name Printed: HFI-FI

\_\_\_\_\_  
Signature: HFI- FI

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Name Printed: HFI-FI Participant

\_\_\_\_\_  
Signature: HFI-FI Participant

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Name Printed: Advocate/Legal Guardian

\_\_\_\_\_  
Advocate Signature

\_\_\_\_\_  
Date: \_\_\_\_\_